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JAN 6 1921

ORAL HYGIENE



THE FIRST ISSUE

Tenth Anniversary
Number

JANUARY, 1921

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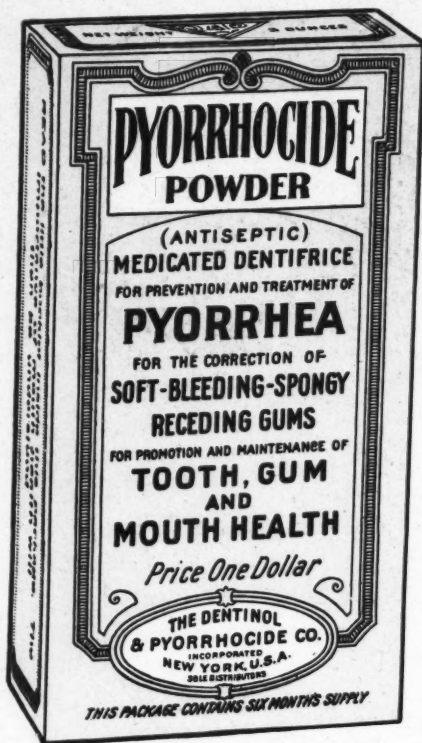
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CAUSTICITY—PYORRHEA

The value of Pyorrhocide Powder in pyorrhea treatment is emphasized when it is compared with dental preparations which contain large quantities of soap, glycerine or other caustic properties.



Causticity (like toxicity), however slight, must be avoided in pyorrhea work. The dentist aims to stimulate and encourage the growth of body cells and to heal and harden the diseased oral tissues rather than retarding their growth and softening them by caustic action.

Pyorrhocide Powder is non-caustic and non-toxic. It aids in repairing soft, bleeding, spongy gums. It keeps the gums hard and firm and it cleans and polishes the teeth.

There is no soapy or oily coating deposited on the teeth and gums, when they are brushed with Pyorrhocide Powder.

Users of this dentifrice experience a true feeling of oral cleanliness at the time it is applied and for several hours thereafter.

Prescribe Pyorrhocide Powder—Compare Results

FREE

Free samples of Pyorrhocide Powder for distribution, a trial bottle of Dentinol for use at the chair and a copy of "Causes and Effects of Pyorrhea" mailed on request.

THE DENTINOL & PYORRHOCIDE CO., Inc.

1480 Broadway

New York

ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME XI

JANUARY, 1921

NUMBER 1

Hello, ORAL HYGIENE!

Hello ORAL HYGIENE!

Happy Birthday!

Ten years old to-day and how well you look!

How proud of you Daddy Lin must be!

To "Ten years of consistent effort for the best interests of dentistry" let me add

Ten years of *successful* effort for the best interests of dentistry, and

In loving memory of Brother Hunt, let us turn to Volume I, No. 1 and read his "Salutatory."

Ten years—one hundred and twenty pleasant and profitable evenings spent upon the *new number*.

To the Publisher and Editor let me say,

"Keep your stride."

C. EDMUND KELLS, D.D.S.

New Orleans, Louisiana.

The Story of Our Beginning

By THE EDITOR

ADAM must have wondered how it all happened. His desire to know what preceded the beginning has been stamped upon all of us. Curiosity is our natural inheritance.

Did you ever wonder how this magazine of yours had its beginning? I did—and so a few evenings ago I made a little journey to the home of Mr. W. Linford Smith to find out about it.

I wish you could have heard him tell the story as he told it to me!

As you may remember, in the spring of 1910, Dr. W. G. Ebersole of Cleveland went before the Ohio State Dental Association at the meeting in Columbus to ask financial support to prove the efficiency of mouth hygiene in the improvement of the mental, moral and physical development of children.

This was to be demonstrated by a series of tests upon students.

Laboratory investigation takes money. The Ohio State Dental

Association contributed all of the money that the Association could spare, which was \$500—this was not enough.

The latter part of the same week the Dental Trade Association was holding a meeting in Baltimore.

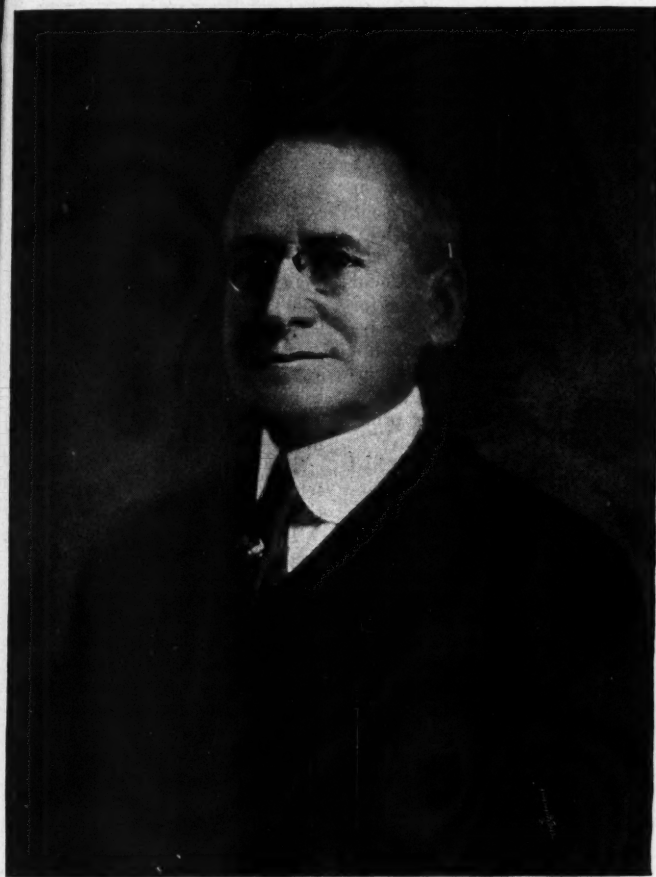
Dr. Ebersole, who was never a slave to tradition, took a chance on ethics and went before the Trade Association to ask financial help for a purely scientific professional purpose: a thing that had never been done before.

To his surprise he found that these business men, who are so closely connected with all things dental and who were supposed to care only for the commercial side, were very much alive to the possibilities of oral hygiene and ready and willing to cooperate.

Dr. Ebersole received the help he asked and was able to conduct the experiments in Cleveland that actually demonstrated the



The cover of the first issue,
January, 1911



Dr. Ebersole

benefits from the care of the mouths of school children.

This trip of Dr. Ebersole's was memorable in another way.

On the same Pullman, traveling from Columbus to Baltimore, was W. Linford Smith.

Dr. Ebersole was so full of enthusiasm and presented his

subject so well that before the train reached Pittsburgh, W. L. S. was a convert to oral hygiene. He has had his conversion deepened and broadened as the years have gone on.

In this great work of mouth health, Mr. Smith realized that if the people were to have good

dentistry, they must have good dentists, and that if the good dentists were to do good work for the good people, they must have good supplies and plenty of them.

The manufacturers became just as enthusiastically interested in this movement for public benefit as were the dentists themselves.

As Dr. Ebersole pointed out, the fact that this movement would result in an increased demand for dental services as well as an increased demand for dental supplies, was only an agreeable incident.

Altruism that shows a profit to all concerned is ideal.

Up to this time nothing had been said about a magazine devoted to oral hygiene.

That idea arrived in the brain of Mr. W. Linford Smith the next morning. Previously he had published a number of syndicated catalogs for the dealers.

There are many dealers over the country handling the better class of goods and, with the exception of the name, one dental supply house is just about the same as another. Consequently, a catalog of the goods handled by one firm would be just as good for any other firm with the name on the cover and the introductory pages changed.

From an advertising standpoint he had been seeking a means for 100% distribution to the profession.

So the idea occurred to Mr. Smith to develop the oral hygiene movement, which promised so much for the people, the profession and the trade, by means of a magazine which could be

published on a syndicate plan along the lines of the catalogs.

He believed he could interest dealers in different parts of the country to support such an enterprise and subscribe for the magazine for every one of their customers.

There would be no overlapping territory and the information the reading pages of this magazine would carry would be just as valuable in the small village as in the metropolis.

If this was to be a success, the syndicate member would have to agree to subscribe for a magazine for every practising dentist in his territory.

The syndicate members were selected in such a way as to cover the entire country.

The agreement upon which the magazine was started and has continued, was this—the reading pages shall be absolutely under the control of the editor. The editor shall endeavor to conduct the magazine to the best interest of the oral hygiene movement and the dental profession.

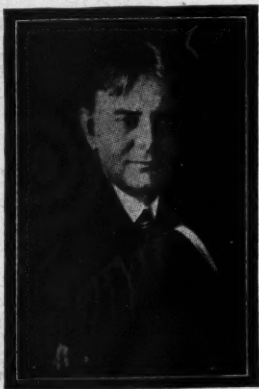
The advertising pages shall carry only the publicity of reputable manufacturers who shall make good their promises.

These things we have done.

The next consideration was the size. There was a wide-awake little magazine, known as *Printers' Ink*. It was then and still is full of "pep"—and it fits the pocket.

Mr. Smith decided to make ORAL HYGIENE pocket-size so that the busy dentists could carry it along with them and read it in odd moments.

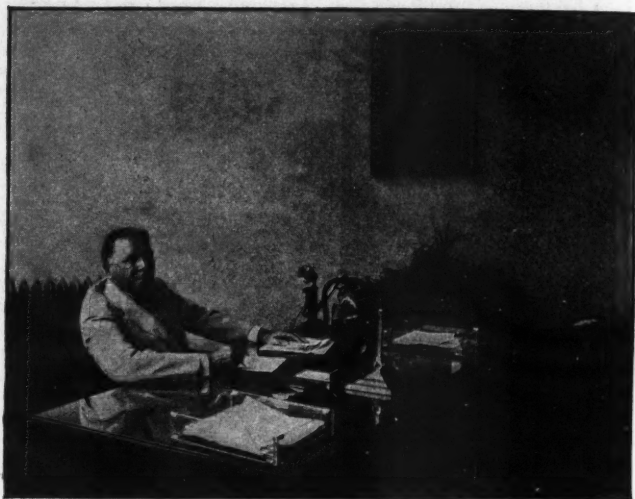
All of this and more the originator of the magazine thought



Dr. Hunt



Dr. Belcher



W. Linford Smith

over the night before the dealers' meeting in Baltimore.

The next morning at the hotel the first man he met in the lobby was E. G. Shafer of Minneapolis. By that time W. L. S. was full of enthusiasm and in about fifteen minutes Mr. Shafer said the idea appealed to him and promised that if a syndicate large enough to support the project could be organized, he would take four states for his company.

The endorsement of Mr. Shafer went a long way toward making this magazine possible in the first place and in maintaining its position thereafter. He wanted the magazine to be fearless and totally independent in its reading pages; he wished it to carry articles that ring true and that present honest views—an open forum.

Mr. Shafer wished to know who would make a suitable editor. He and Mr. Smith decided to offer the editorship to Dr. Ebersole and if he did not take it he, Dr. Ebersole, was to suggest an editor.

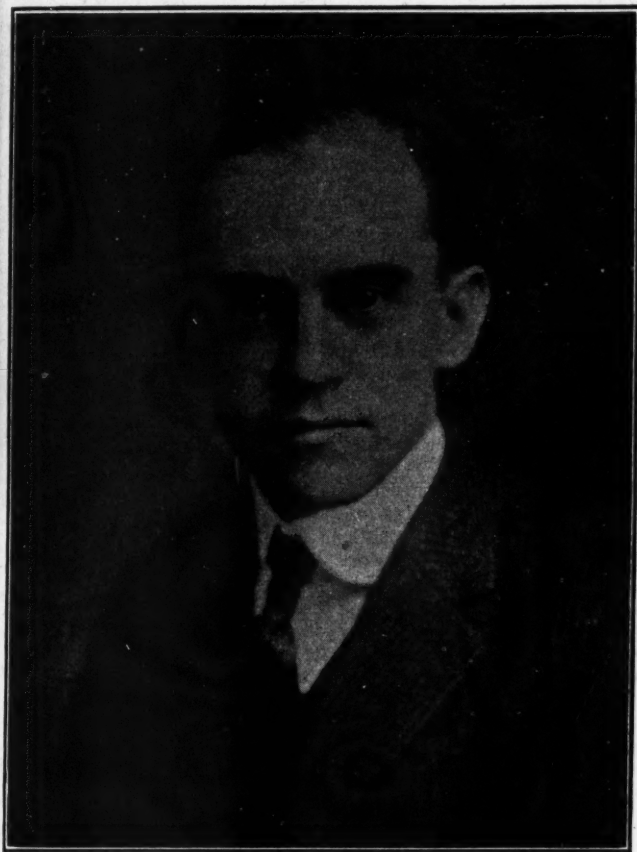
Dr. Ebersole made a splendid address before the meeting and was voted \$3,000 to carry on his work.

Following this convention at Baltimore, Mr. Smith made a series of trips covering the United States in the interest of the new journal.

Mr. Smith had his contracts all signed before very much information was out. He returned to Pittsburgh with enough pledges to guarantee a wide circulation and then began a trip to sell advertising space.

When he again returned to Pittsburgh he had sold more ad-

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Howard R. Raper, D.D.S., Contributing Editor

vertising space than he had expected would be possible.

Then came the details of the magazine itself.

He went to Cleveland to see Dr. Ebersole who had always the handicap of poor health and found him in a hospital. On account of the condition of his health Dr. Ebersole declined the editorship.

He endorsed the magazine as of incalculable benefit to the oral hygiene movement and wrote a letter to that effect.

Mr. Smith had always been an admirer of the literary work of Dr. George Edwin Hunt of Indianapolis, who had, shortly before, suspended publication of the *Indiana Dental Journal*.

He had previously tried to interest Dr. Hunt in a commercial journal, but the idea did not appeal to the Doctor and he turned it down. The plan of this new journal—a well financed, independent oral hygiene magazine *did* appeal to him and Dr. Hunt was given a free hand to mould ORAL HYGIENE as he chose without dictation or interference from Mr. Smith or any member of the syndicate.

Dr. Hunt then proceeded to get copy for the first issue and from that first day the policy has never been altered.

The dire predictions of failure were not so amusing then as they are now.

Many friends of the movement predicted that ORAL HYGIENE could not survive six months because in that time the story would be told and there would be nothing more to publish.

The first number, as you may remember, came out in January, 1911. The rest you know.

Dr. Hunt served as editor until his death in July, 1914.

Dr. Wm. W. Belcher then became editor and served until his death in December, 1919.

ORAL HYGIENE has been always in the foreground of this great coöperative movement.

This is your magazine.

The dealers subscribe for it, you receive it and it is yours to carry on the story of mouth health as an important factor in general health, probably the greatest factor in general health.

Mr. Smith wished this story to be told without his name being mentioned—I might as well tell the story of William Tell without the apple or of aviation without the Wrights.

One of the greatest features of this little big magazine has been a sincere belief in the greatness of dentistry and the single and unselfish purpose to develop the good that is in dentistry, by that friend of the dentist and lover of children, W. Linford Smith.



E. E. FRIEDMAN, President
122 Highland Bldg., Pittsburgh, Pa.

THOMAS B. HAYNELL, President-Elect
740 Duane Ave., Minneapolis, Minn.

ROBERT T. OLIVER, Vice-President
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NATIONAL DENTAL ASSOCIATION

SILVER ANNIVERSARY SESSION, MILWAUKEE, WIS.

AUGUST 12, 13, 14, 15, 16, 1921

OFFICE OF THE PRESIDENT

PITTSBURGH, PA.

November 29, 1920

Dr. Rea P. McGee,
613 Jenkins Building,
Pittsburgh, Pa.

Dear Dr. McGee:

With the December, 1920, number of Oral Hygiene, the little magazine of preventive dentistry will have rounded out ten years of its existence. So on the tenth anniversary permit me to congratulate you and the publishers for the magnificent work the magazine has accomplished in furthering the propaganda of the hygiene of the mouth. The cumulative effect of the publication in educating the profession and the public is beyond computation.

The magazine is a monument to your illustrious predecessors in the editorial chair, and your own splendid record during the past year indicates that it is still headed true to its original course.

That a professional journal, unique in its class and devoted to practically one main idea, should have attained the place in dental literature that has been reached by Oral Hygiene is a remarkable tribute to its management and editorial staff.

I trust that they and the magazine may have many years of increasing success.

Yours cordially,

A. E. Friesell

A Delightful Dental Decade

By JOHN PHILIP ERWIN, D.D.S., PERKASIE, PA.

A TEACHER, in describing the difference between Cicero and Demosthenes remarked: "When Cicero spoke people said: 'How well Cicero speaks!' but when Demosthenes spoke they said: 'Let us go against Philip'." Cicero impressed *himself* upon his hearers. Demosthenes impressed *his subject* upon them.

If I were asked to state what I believe to be the chief cause of the phenomenal success achieved by ORAL HYGIENE in the past ten years, I would unhesitatingly say that it was due to the fact that the makers of this mighty magazine were Demosthenes, not Ciceros. Those who made it were ever modest. They never attempted to advertise or glorify themselves. It was not their wish to impress *themselves* upon the profession. Their sole purpose, rather, was to impress ORAL HYGIENE upon it.

This singleness of purpose was never lost sight of. From the time Dr. George Edwin Hunt fired the first gun in the opening article in ORAL HYGIENE entitled, "What is the Best Way?" until now, everybody knew what this little magazine was striving to do:

1. To conquer that rebellious six year molar.
2. To extinguish the flames of decay.
3. To sow into the child-life the seeds of oral hygiene.
4. To establish preventative dentistry.
5. To inspire the dental practitioner to hold and maintain lofty ideals.

There has been no camouflaging, no deceit, no gold bricks, no marked cards. Just a clean-cut, honorable policy—a desire to elevate and ennoble mankind—a resolve to serve and bless humanity.

The beloved Dr. Hunt, in an editorial closing the first volume of this magazine, said in part:

"ORAL HYGIENE is not a purely philanthropic enterprise, however I would not have you believe that. * * * But I want to emphasize that these same publishers are men of feeling and men of sympathy. * * * It is due them to assert that their motives are not sordid but that they *honestly rejoice in their opportunity to help in a good work.*"

Mr. Reader, permit me to ask: Have you ever *honestly rejoiced* in forgetting self and in serving others? Have you lifted up the fallen? Relieved the distressed? Given the cup of water? Have you *honestly rejoiced* in the part you played to establish oral hygiene? If so, then, my brother, you have experienced the sweetest of earthly pleasure, the joy of having lived to bless mankind. And, in addition thereto, the mice have never left your flour-barrel with tears in their eyes. You have been blessed materially for your unselfish service.

*How sordid, selfish is the plan
Which reckons not with fellow-
man.*

If there existed the slightest doubt in my mind that the makers

of this magazine have succeeded in impressing their work upon readers, the courteous correspondence I have received from time to time would remove that doubt. It is a high compliment that you should discuss in a letter to me *what I have said* rather than *how I have said it*. More flattering that you remember my facts and philosophy, than that you should praise my rhetoric. That, we agreed, was a non-essential. That I might help you was all important.

Since the makers of ORAL HYGIENE have been actuated by highest motives, since success has gloriously crowned their efforts, I honestly rejoice that I have been privileged to help in

the good work. Associated with such unselfish men, enlisted in such a noble cause, my work could not help but prove both pleasant and profitable.

In closing may I add that my richest reward for the humble part I have played in the making of ORAL HYGIENE has been the learning to know and to love my professional brethren better than ever before. At dental conventions, on the highways and byways, wherever I have met them, they have displayed an affectionate heart. They are truly a fine set of gentlemen. I am proud to be one of them.

Is it any wonder, therefore, that I should feel this to have been a delightful dental decade?

The Chicago Dental Society will hold its Annual Clinic and Mouth Hygiene Meeting at Congress Hotel, Chicago, on January 27, 28 and 29, 1921.

THURSDAY.

Twelve unit and lecture clinics for intensive study. Clinics to be given by lecture, lantern slides, charts, models and table demonstration. Most clinics to occupy both morning and afternoon session so that guests will only be able to see one entire clinic or two half day clinics. Each clinic in separate rooms and limited to 100 in attendance.

8 P. M. Paper:

"Focal Infection in Relation to General Health" by Ernest E. Irons, M.D., Professor of Medicine, Rush Medical College, Chicago.

FRIDAY—MOUTH HYGIENE DAY.

Demonstrating care of children's teeth by dental hygienists from six infirmaries. Clinics showing results of public school service and industrial institution service. Motion pictures. Public meeting. Nationally known speakers. Annual banquet in honor of Thomas Alexander Forsyth, Boston, Mass.

SATURDAY—GENERAL CLINIC.

Selected from 35 neighboring states and district societies. By dental colleges represented at annual meeting of Institute of Dental Teachers. By fifty local dentists on advanced methods of technical procedure.

“10”

To some men, 10 means half a score,
To others, the price charged at the store
For shirts, and hats, and various things
By which we try to outshine kings.

To other men—there are a few—
10 means years that are almost through;
They have run their race; it is well done;
They pass their burden to others, just begun.

To me these figures mean
The birthday of ORAL HYGIENE!
May it count its birthdays by the score—
I wish it at least a hundred more!

H. V. STEINMETZ, D.D.S.

Greenville, Ohio.

Dental Education of the Patient

By V. G. ROSEN, D.D.S., CHICAGO, ILL.

MUCH has been written on the various subjects of dentistry, but comparatively little has been said along the lines of preventive dentistry.

The subject of the education of the patient along preventive lines stands preëminently above all the other discussions of the different branches of dentistry, with the possible exception of oral foci of infection, of which a great deal has been said of late.

The removal of foci of infection in and about the apices of roots and the alveolar processes is a most important factor with which progressive dentists are heartily in accord. A focus of infection should be removed whether located in the head, thorax, leg, arm, or any other part of the body. If the infection is in the jaws, this rule holds true particularly since this area is very highly vascular.

Therefore, arises the great importance of teaching the patient how to care for his teeth, after they have been put in as good condition as possible, thereby minimizing the possibility of further trouble.

The admirable article of Dr. Bunting of Ann Arbor, appearing in the October 1919 edition of the *Journal of the National Dental Association* emphasizes the importance of the education of the patient with regard to oral hygiene. More should be written on this most important subject—prevention rather than cure.

If a dentist proposes to give his patient a detailed outline of instruction in the proper care of the teeth, he tries to impress upon the patient's mind the importance of a clean, healthy mouth. No matter how skillful the dentist may be, it is impossible for him to put in a restoration of any kind that will give satisfaction or the esthetic appearance, equal to that which nature had provided.

Putting in crowns, bridgework, fillings, etc., is a commendable service, but it is not unlike "locking the barn after the horse has been stolen."

As we already know, there is very little good dentistry done; the best kind of dentistry is not good enough. Therefore, in order to prevent, as much as possible, the further continuance of decay and infection, good practitioners should teach patients how to care for their teeth in the following manner:

When a patient presents himself for examination, make an exhaustive and thorough study of his mouth. The patient must have well-made X-ray films of his teeth, and if the operator is not satisfied with some of the pictures he should have them retaken until as correct and satisfying a diagnosis as possible can be made. This, together with the testing of every tooth, for vitality, with electricity and ice, and a thorough examination of the soft tissues, constitutes a sound examination.

Then, the present writer stains the surfaces of the teeth with a disclosing solution (Dr. Skinner's formula) and washes off the excess stain with a warm spray. The stain will disclose all rough and unpolished surfaces and will also indicate food and mucus plaques.

Then the patient, mirror in hand, examines his teeth, meanwhile listening to an explanation of the value of smooth surfaces, and how much easier it is to keep such surfaces clean. Then follows a demonstration as to the manner in which the patient's teeth should be brushed.

Two tooth brushes are used, preferably of the smaller adult size, because it is easier to get into the places back in the mouth with a small brush than with a large one. The use of two brushes is advocated in order that one may be used in the morning and the other at night, thus preserving a uniform stiffness of the bristles, and also because two brushes used in this manner will outlast four brushes used continuously in the ordinary way.

When one brush is used until it becomes worn out, and another one is purchased, the new brush is so hard that it mechanically tears the tissues, and irritates them to such an extent as to cause a temporary soreness of the gums. As a rule there is enough irritation in the mouth without adding to it by the use of the hard brush.

The writer instructs his patients also to use, with their dentifrice, cold water (or as cold as is con-

sistent) for the stimulating effect on the capillary circulation.

The brushing is to be done from the gums downward on the upper jaw, and from the gums upward on the lower jaw, thus bringing the gingival margin of the gums towards the teeth.

Follows, then, the use of a silk-waxed tape, No. 4, in the interproximal spaces, to dislodge all food particles and débris, polishing the surfaces at the same time by spreading a little dentifrice on the tape.

Patients are then told to use the flat end of a tooth-pick to remove soft accumulations from the necks of the teeth, thereby avoiding extensive salivary, and, as a result, serumal deposits.

Moreover, the writer keeps in touch with his patients by the use of a form card, together with an appointment card which is mailed to them every three months.

It is absolutely necessary to insist on the coöperation of the patient, because without his faithful and earnest efforts in that direction, every possible good feature installed in his mouth will be well-high futile.

Therefore, he profits by a heart-to-heart talk before the operator begins his work, explaining the great importance of such coöperation. In conclusion I would say that nothing actually new has been presented in this article. The attempt has been merely to explain *one* method of procedure in as simple a manner as possible, with an earnest desire that this explanation may be of some benefit to many colleagues.

Oral Prophylaxis

By R. A. SPRAKE, D.D.S., DENVER, COLO.

THE editor of ORAL HYGIENE said I had written an article for this magazine ten years ago. As I remember, it was entitled "Oral Prophylaxis." I wish this article were before me now, so I could really see what was said, but it may be said in the beginning of this that I am a greater crank on prophylaxis today than ever before.

Perhaps nothing new will be given you, but as prophylaxis is practised I think more of it day after day, as THE BEST SERVICE A DENTIST CAN PERFORM FOR HIS PATIENTS. What I mean by this is, you can place a gold crown bridge, filling and such work, on a tooth, which will last for a while—but, in doing this, while I fully understand it may be done very conscientiously and it renders a good service to the patient temporarily, yet nothing is being done as a prevention.

In prophylaxis treatment a dentist can feel that the *cause* of mouth trouble is being removed.

Of course, for the patient to receive the best from proper care of the teeth, each and every tooth must be planed to a smooth surface and polished with strips, then flour of pumice, and polished to a high polish with some agent of known quality. When a tooth has been treated like this and a proper daily home treatment in the care of the teeth is being administered, the bacterial plaque,—the cause of our trouble—can be more easily removed.

Five thousand words can be written on this subject and, when through, you would know no more on the subject than I can give in one paragraph,—viz., keep the fuzz, the mold, the film or the bacterial plaque, whatever you may call it, off the teeth and you have the principle of prevention.

The earlier in the life of the patient you teach them how this can and must be done, the better the service you have rendered—a service of which you can feel proud—a service that is extremely appreciated by the patient—a service for which your patient will pay you handsomely and gladly, for your patient readily sees the permanency and sanitary quality of this work, to say nothing of the beauty of the teeth you have given him. Instead of your patient possessing a row of tomb-stones, he has a row of pearls of which any person, in any walk of life, is extremely proud.

The instruments used in properly planing the root and other tooth surfaces: you cannot find any better than the Schrader files. You do not have to have a big lot of instruments and these can be gotten very reasonably—they are in the reach of every dentist. You owe it to your self-respect and it is positively your duty to perform this service for your patient.

As a home treatment and as an article for highly polishing at the chair, you cannot find anything

more satisfactory than ventapyrine. It makes sensitive teeth less sensitive; this is appreciated by the patient and the dentist is at liberty to operate more freely and successfully.

I find that the greatest difficulty in prophylaxis work is to make the patients realize their responsibility in the daily care of the teeth. This presents a wonderful opportunity to do some good work.

This matter of the daily care of the teeth is most important and must be put up to the patient bluntly and squarely, and sincerely, and pushed home with all the energy one can muster.

If the dentist can successfully impress his patient with this responsibility, the service he has taken so much pains to do "just right" will be considered a success by his patient, otherwise your work will be considered a failure and you are not altogether to blame—and yet you must be held responsible to a great degree. So you can see how much depends upon your success in securing the coöperation of your patient.

This is won by *personality* which really means your earnest and sincere desire to perform this service in the best possible manner, so that your patient will realize the responsibility in the care of the teeth at home—not SPASMODICALLY, but daily, year in and year out, for a lifetime. When this has become a habit with your patients, when this is part of their daily life and when they could not stop if they wanted to—then you have really succeeded. It is a success of which you may feel proud.

This coöperation is the main factor in our successful treatment of pyorrhea.

Showing your patient a dirty tooth with the disclosing solution—then after polishing—impresses him greatly, and at the same time it impresses the fact upon your own mind as well—you are still more convinced of the big thing you are doing. It gives me a great deal of satisfaction and pleasure to see several teeth beautifully polished, next to others that have not been treated as yet. The difference is so pronounced that it never fails to cause an exclamation of surprise and wonder from the patient, and it makes the operator "swell up" a little himself.

The thousands in our profession who are doing this sublime work can fully appreciate my feelings here and, dear reader, if you are not one of us, get busy at once, that you too may experience this great joy in knowing what really is a clean tooth. When you see this with your patients you will take care of *your own* still better. It is a good lesson to anyone.

Much has been accomplished in this special line but we have only started. ORAL HYGIENE has been the cause of great advancement in its ten years of free service to the dental profession and must be given great credit by our profession for bringing oral prophylaxis as well as other important ideas and facts before us.

Here is drinking a glass of pure Denver water to ORAL HYGIENE and may it live *many* ten years to come, and that it may have Rea for its editor.

But all these good things will have failed to bear fruitage if you personally do not get busy, my brother dentist.

It is up to the dental profession to see that oral prophylaxis becomes generally known to our millions of patients, and it is up to each of us individually to do this work for each patient that sits in our chairs, day after day, year after year, until humanity is entirely won over to this wonderful idea of prophylaxis. It

is then that people will be free from the ills of life and enjoy the use of their own teeth a lifetime.

I cannot impress upon you forcefully enough, if you are a beginner, or are not thorough in this work, that the tooth surfaces must be planed properly first of all things, or your polishing will be of little use.

May oral prophylaxis soon reach its heights in preventive medicine as it is destined to. Selah!

"A Prayer for Dentists"

Lord, let me live from day to day in such a self-forgetful way

That even when I kneel to pray my prayer shall be for others.

Help me in all the work I do to ever be sincere and true;

For what I do for You must needs be done for others.

—*The Dental Surgeon* (London).

Somebody Mistaken, says Dr. Leavel

Miracles were not all performed in 1920.

Go into the archives of State Hospital No. 2 for the Insane at St. Joseph, Mo. and see if Dr. J. L. Leavel, who was practising there in 1889 did not perform a like service with Doctors Ford and Taylor.

Dr. Smith, I forget his initials, was Superintendent, with Dr. C. H. Wallace as assistant, and at the suggestion of Dr. Wallace I was called there to extract teeth. I examined the mouths of all the inmates and extracted 530 teeth, without a single mishap, except to break a pair of \$3.50 forceps.

I received \$100 for a service of six hours.

I am writing from memory as my data was all destroyed by fire when my residence burned in February, 1898.

I had three good dinners too—don't forget that.

J. L. LEAVEL, D.D.S.

Seattle, Washington.

A Reminiscence and an Exhortation

"Behold, how great a matter a little fire kindleth!"

By EVALINE WRIGHT NELSON, WHEATON, ILLINOIS

JAMES the Just, warning against misuse of the tongue, gave a text equally applicable to a word fitly spoken.

Ten years ago, a young woman vacation-bound from the Pittsburgh office of ORAL HYGIENE left the first two numbers with a fellow traveler. The little magazine is at this writing admittedly colossal in circulation and influence.

The writer happened to be one link between O. H. then and now; while visiting in the home of the aforesaid fellow traveler he handed her the books remarking, "You are interested in magazines; there is a good one." The irrepressible George Edwin Hunt was editor. Who that knew him can forget the boyish heart of him? However diverse two lives may be in attainments, environment and activities there is always a common meeting-ground. The common denominator in this case was the purpose to push preventive dentistry propaganda and never grow old.

Acquaintance by professional correspondence was one of the compensations of O. H. contact.

His paragraph inviting suggestions for circulation increase fanned into enthusiasm the spark of desire which for years had burned in the heart of one conscious that had her mother known

what mothers may now know, she would not have been impoverished all her life for oxygen, would have had better health, been better looking, more efficient, and no doubt, a better woman.

She suggested a laity number.

It proved finer in content, bigger in quantity of information and plan of distribution than her dream for it. It was a pleasure to supply teachers and institutions; this took strength from an already depleted supply. Dentists who weary doing preventive work fail to realize that the altruist pays heavily for making life easier for others and often his only reward is the satisfaction of doing it.

Between money-first ambition and unwise altruism which serves others to the disabling of self for further service there is a position difficult to reach from either extreme. In the dental as in all other professions there are, or were, nine years ago, a few who looked skeptical when the writer denied getting money out of the laity issue.

One of the satisfactions directly due to that number was being introduced to the office staff as "the woman who gave you all your jobs." It was an irony of fate that the woman so introduced should have wanted a "job" at that moment more than all else. It is a fact, one may

tramp dusty streets, climb snow drifts seeking work for others and not be able to ask work better suited to self—which is only another way of saying that at one time or another most of us are "gumps."

In the decade, interest has not died. The magazine has been scanned and passed on; it is too good to be destroyed. Dental articles have been clipped from the *Chicago Evening Post* and other papers and mailed in letters. Church charity work in Chicago for several years gave personal contact with hundreds of wealthy, well-to-do and "just comfortable" homes.

It is astonishing how many well informed women do not know the importance of that sixth year molar, nor the wickedness of inspiring little hearts with fear of the dentist.

The results of tooth-brush drills at school are most encouraging.

The worst case of fear I met was a man in his fifties, chewing gum incessantly, teeth mere stumps, mortally afraid of a dentist.

However homely and ineffective one's teeth may be, the day of parting with them is dreaded. The horrors of a clinic had often been painted for me by a friend obsessed with the notion that nobody could be so sensitive to pain and observation as she. When my day came, due to financial condition and the belief that the boys might as well learn on me as a case as on anyone, I decided for the clinic, went to school and studied dentists-to-be; found them an honest lot but in the habit of borrowing from an-

other's tool-chest without permission or return.

Four fine near-graduates served me well; self was to blame that the first plate was made before the gums were healed, but facial contour was preserved better than I had hoped. After a time trouble developed which I attributed to friction of the plate. Was dismayed when the inspector said, "Dr. — must see this." Taken to the place of execution, seeing those circus seats filled with rollicking rascals I thanked God mentally that I knew boys and was not afraid of being eaten alive.

The Great Mogul prefaced the operation with "As there has been no X-ray of this case, I do not know what I shall find." After prospecting a little and probing here and there, "It is either a growth or an impacted tooth." I tried to imagine which would be worse and if it would kill. "If I strike something hard I shall know it is an impacted tooth. If not, it is a growth, details of which I shall give you later." Then I hoped it was an i. t. I had my wish. He struck something hard; I knew I was to be cut up. "I am not sure if it is an incisor or cuspid." I gasped that I was glad 'twas not a molar. He did a lot of artistic carving, finally capturing a full grown tooth, and dismissed me with a compliment on my courage. "For I have used much less novocaine than I expected." The boys applauded and I left feeling like the dying gladiator looks.

On return a few weeks later, he o.k.'d the job remarking, "Your tongue is very black; when you

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go "home, take a cathartic." I did not murder him, just soliloquized, "You big, splendid helper of humanity, I shall not tell these boys that you cannot distinguish grape stain from foul coating and you will always be classified in my books with the medical school examiner who mistook dark filling for decay and charted a child's tooth recently filled as sadly in need of it." Not until I was on the way home after the impacted tooth's removal did I recall that

the baby tooth, its predecessor, was removed by my Ohio dentist when I was almost thirty years of age. That the first mention of "impacted tooth" did not recall it shows one bent on forgetting unpleasant things may do so.

Empirical knowledge is power. This experience enables me more than ever to convince mothers they need the information you can give.

You will not disappoint my faith in you?

American Institute of Dental Teachers Meets this Month

The next annual meeting of the American Institute of Dental Teachers will be held at the Claypool Hotel, Indianapolis, Ind. January 24th, 25th and 26th, 1921. The program will contain

much of interest in dental teaching methods and dental educational affairs. A cordial invitation is extended to all ethical practitioners and others interested along these lines to attend the sessions.

Central Dental Association of Northern New Jersey to Meet in March

The Central Dental Association of Northern New Jersey will hold a mid-winter educational meeting at the Robert Treat Hotel, Newark, New Jersey, during the first week in March. The clinicians and essayists will be from among the best in the

country, and the meeting promises to be one of the most successful and largest attended ever held in Northern New Jersey. Further notice of the exact time and the names of the men who will clinic and the program will be announced later.

What is Success?

By C. A. OGG, D.D.S., DOUGLASS, KANSAS

IN the dental profession can the small town dentist be accepted by the profession generally as a success?

Why is the small town dentist almost invariably looked down on by brother dentists who happen to live in the city?

Is the dentist who spends his entire life practising in a small country town considered a failure?

Does the fact that a man practises in a city make him more progressive, more receptive to the newer things, and more liable to stay out of the ruts, or is it a state of mind that the city dentist gets into whereby he cannot help feeling superior to his small town brother?

I am not going to attempt to answer the above questions but am simply going to give my own experience of almost fifteen years in a small town practice, thirteen of it in the same town. I might say that the thing that started me to thinking on this line was that invariably when I visit my dentist friends in the city, they patronize me, not intentionally I am sure, but rather from habit or a state of mind.

I can't help but feel that they feel that there is nothing in dentistry that they can possibly learn from me but that there is, oh so much, that they can teach me.

Here is my small town experience.

I am 36 years of age; I am the only dentist in my town, which has a population of about 1,200.

When I located here thirteen years ago we had about 850, so the town has made no phenomenal growth.

At various times I have had five different competitors.

My first year I averaged \$150. per month; each year my practice has increased until last month, I did \$1,705. worth of work.

This year I will do better than \$12,000 and have been out of the office thirteen weeks.

I have a lady assistant who makes all my appointments, keeps my books, changes instruments and cleans up the chair, table and cuspidor between each sitting, keeps my instruments sterilized, and keeps my office clean and neat.

I have frequently remodeled my office, and last year bought entire new equipment.

My operating room has paneled, white enameled walls, which can be and are washed frequently. Chair, electric engine, pedestal cuspidor, cabinet, and sterilizer stand are all in mahogany. My sterilizer, electric, is in use continually through the day.

The only "decoration" on the wall of the operating room is a card in front of the chair which reads: "Terms cash. A deposit of at least one-half must be made when work is begun."

The reception room is refinished and redecorated each year; good rugs are on the floor, good, comfortable furniture, all of same design and finish, dressing table

and full length mirror, and *late* magazines are on the table.

My laboratory contains everything up-to-date, including electric oven, casting machine, electric lathes, etc.

Electric fans are in all the rooms, good curtains at all the windows.

In the office I wear operating gowns made to measure as does my assistant. My hands are scrubbed in sight of the patient, for each operation. I get a haircut and manicure each week and shave every morning. I wear good clothes as a business asset.

I attend the dental meetings; last year I was at the National at New Orleans; this year I took a post graduate course; I take four dental journals and read them; I am always willing to give all the new things in my profession a trial.

As to recreation, I am off at least two months each year. I have been through all the Great Lakes on both trips, have been through most of the Southern, Eastern and Central states in an automobile, have spent my vacations in Colorado, at Niagara, in Canada, at Boston, and various other places. Every week I take Thursday afternoon off, usually leaving town in my car.

As to what I have accumulated: I have a \$10,000 home, paid for, 82 acres of land, paid for, a \$4,000 automobile, paid for, some bonds, some stock, not much

money. Possibly I have spent more money for recreation than I should have but I have gone on the theory that I should enjoy myself as I lived and not ruin myself physically and mentally skimping and saving trying to get rich.

I have taken an interest in political and civil affairs, accepted a city office in order to fight for water-works, electric lights and sewerage—and was successful; I have been secretary of every commercial organization in the town, and head of the leading fraternal organization. At present I am secretary and treasurer of the County Central Committee of the dominant political party.

In conclusion, I might say that I place a cash value on my practice of \$50,000.

Yet, I ask you, seriously, am I successful?

Can a small town dentist ever be considered a "leading dentist?"

Why do all the men who are accepted as authorities and to whom we pay money for so called post-graduate instruction *always* come from the cities?

I do not want to go to the city.

I am satisfied with the class of work I am doing and feel sure of my position among the laity, but looking at it through the eyes of the profession wouldn't I command more respect if I had the same practice in a city? Why?

Department of Pediodontia

W. A. BRIERLEY, D.D.S., DENVER, COLORADO

Contributing Editor

Preventive Dentistry for Children

"He who helps a child helps humanity with a distinctness, an immediateness, which no other help given in any other stage of human life can possibly give."—Phillips Brooks.



WELL-MEANING and loving ignorance" on the part of parents has given many a child a serious handicap. In no place along the road of the developing child does indulgence and ignorance do more harm than when the child's teeth are neglected.

The age-old fallacy that baby teeth are not important is at the bottom of much teeth neglect, and is the first of many mistaken ideas most parents have regarding the value of teeth. It is rare indeed that temporary teeth have anything wrong with them when they erupt. Nature's work so far has been good.

But why is it that over eighty per cent of children have defective teeth before reaching the age of six? The answer is that because there is still a large majority who believe it is entirely foolish to care for the child's temporary teeth. In reality all normal parents love their children and want to see them "brought up right." Most of them will listen to information which is given intelligently and with force sufficient to be convincing without offending.

The avenues outside of dentists' offices through which information regarding teeth and dentistry may be disseminated are increasing in number daily. Of these the public schools will prove to be first in importance. The medical profession, the press, and clinics of industrial and public institutions, are some of the agencies which are telling people of the importance of good teeth.

Dentistry for children should be preventive dentistry, including not only prophylaxis, but also such fillings and extractions as are indicated. Prophylaxis represents about fifty per cent, while fillings and extractions might be rated as representing twenty-five per cent each in value, in the work of keeping a child's mouth in a healthy condition.

Dentists who do not love children should not attempt to work for them.

The successful merchant makes it a point to "please his customers." The customers of the pedodontist are apt to show individuality and peculiarities which call for tact and diplomacy on his part, but he must not forget that they are customers nevertheless and, being such, should be pleased.

The success of the dental hygienists' work in public schools comes from the repeated treatments made at short intervals—preventive dentistry. That same plan applied to office practice makes working for children a pleasure. If that system is properly explained to the parents some will see the reasonableness of it and gladly adopt it. Others will not.

When the old unsatisfactory way of doing nothing for children's teeth, until Nature asserts herself in the form of the midnight howl and the swollen face, is succeeded by preventive dentistry begun early enough to prevent, then childhood will be robbed of some of the rough stuff it has had to stand for in the days gone by.

Oral Hygiene Legislation

Most of the state legislatures are now in session, and no doubt measures of interest to dentists will be considered by many of them.

The editor of this department of ORAL HYGIENE will greatly appreciate receiving information regarding any proposed laws providing for the legalizing of dental hygienists, or the teaching of oral hygiene and treatment of the teeth of public school children.

The Colorado State Dental Association, by its Legislative Committee, of which Dr. Paul Barker, Denver, is Chairman, has had the following proposed law presented to the Colorado legislature:

"A BILL

"For an Act in Relation to Oral Hygiene and the Treatment of Pupils in the Public Schools.

"Be it Enacted by the General Assembly of the State of Colorado:

"Section 1. The Board of Directors in any School District may in its discretion establish and maintain dental clinics or courses for the teaching of oral hygiene; and may provide for and furnish treatment, if requested by the parent or guardian, of such children who have defective teeth or oral conditions, and who shall be found by such Board of Directors, or persons deputized for that purpose, to be unable otherwise to procure such treatment.

"Section 2. The General Assembly hereby finds, determines and declares this act necessary for the

immediate preservation of the public health and safety.

"Section 3. In the opinion of the General Assembly an emergency exists. This Act shall therefore take effect and be in force from and after its passage."

sample: "Doctor, my daddy died when I was only a month old; he was killed in the mine. Of course I was too young to know anything about it. All I know about my daddy is *he was on the wrong side of the rock when the blast went off!*"

Child Philosopher

She was seven years old, full of good health, with sparkling eyes, and a world-beater smile. She had lots of things to talk about and tell the dentist. Here is a

Truthful

"Do you use your tooth brush, Mary?"

"I did, doctor, until my father took it to clean the phonograph."



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From a Radiodontist's Viewpoint

HOWARD R. RAPER, D.D.S., INDIANAPOLIS, INDIANA

Contributing Editor

X-Ray Burns

THE way to prevent X-ray burns and loss of hair is not to give an overdose of the X-rays. The erythemia dose of X-rays at a skin-target distance of 16 inches is about 4800 milliamperere seconds. I try to make it a point never to exceed one half of the milliamperere second dose.

If the skin-target distance is about 8 inches, instead of 16, the erythemia dose is about 1200 milliamperere seconds.

As to the treatment of X-ray burn: I don't believe any drug has been found to do X-ray burn much, if any, good, and some drugs have been found to irritate considerably. The safest procedure is to do little or nothing. If you feel something must be done, bathe with a physiologic saline solution, or use zinc stearate as a dusting powder. Unless the burn is very severe the prognosis is good.

Now as to the loss of hair from the back of the head, following antero-posterior exposures for the antra and frontal sinuses. First of all, these exposures should never be made unless the operator uses an intensifying screen to cut down the length of exposure to the minimum.

Another thing I do as an additional precaution is to lay a folded towel over the back of the head, which acts as a filter, and

so offers some protection. I make it a point to select a towel without colored stripes in it, because the coloring in some towels sometimes *may* cast a shadow on the radiographic negative.

I have had one case in which the hair came out. This falling out of the hair followed repeated exposures, with an aggregate milliamperere second exposure of about a thousand, skin-target distance about 9 inches.

As to treatment: there is no treatment, which will do any good, so far as I know. Quite a number of these cases have been brought to my attention. In all of them it has been reported that the hair came back in. Often the man would say "It came back in thicker than before." I don't believe this "thicker than before" part of it.

On the other hand, I do not believe the hair will fail to come back in, unless there has been a severe burn also. Understand that in most of these cases the hair drops out without any accompanying skin irritation at all.

From the time the exposure is made and the hair commences to drop out, until the hair has come back, will ordinarily, I should say, take about six months. While the thing is most distressing at

the time, and would indeed be most, most distressing in the case of a young lady, yet it is not a matter to worry about, so far as permanent disfigurement is concerned.

All this reminds me of the investigation of the "Dangers of the X-rays" I started in ORAL HYGIENE. I bit off a much larger sized bite of work when I started this thing than I intended to, and I just haven't been able to find the time to go ahead with it as I should.

Of those questionnaires which I have been able to examine, I found, if my memory is not playing tricks with me, several cases reported of hair falling

out after antero-posterior antra exposures.

Did you know that a dentist was electrocuted last summer?

I happen to know the theory of the cause of the death in this case. Very briefly stated the theory is this: that the course of current was right through the heart, causing a tonic spasm of the heart. Tracing the current roughly it was like this: the left hand made one contact, the other contact was at the breast over the heart; the course of the current was into the left hand, through the heart, out the chest contact—or consider the current going the opposite direction if you want to.

It Happened in Georgia, says the Atlanta Journal

Atlanta has one of the biggest sensations of the century—a baby with a gold tooth.

The baby is Eva Catherine Lee, child of Mr. and Mrs. John T. Lee, of 117 Ocmulgee street. She is seven months old; she has just cut the tooth, and there is no explanation to be offered for the phenomenon, except that she was, as it were, "born with it." Mr. Lee is employed as a weaver. They have two other children,

none with gold teeth. Eva's gold tooth is the upper left-hand molar. When Mrs. Lee discovered it two days ago, she took Eva to a doctor. He called in four other doctors. They all agreed it was gold, but when it came to explanations, they were as much in the dark as Mrs. Lee. Mrs. Lee herself has three gold teeth in the front of her mouth. The theory has been advanced that prenatal influence gave Eva her gold tooth.

Hints on Care of Teeth

By W. A. BRIERLEY, D.D.S., Denver, Colo.

Contributing Editor

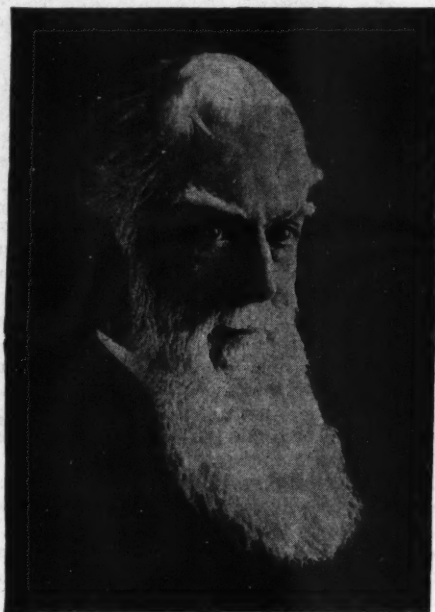
•It is fast coming to be an accepted fact that good health depends largely on good teeth and a clean mouth.

A well-known life insurance company recently issued a letter to its employees from which the following is an extract: "As the healthy and continued life of the whole body depends upon the air it breathes and the food it assimilates, and as both of these are directly affected by the conditions of the mouth, it is not an exaggeration to say that many of the ills of mankind will be banished as soon as the teeth and mouth receive the care and attention they require."

Decay of the teeth is seldom classed as a disease. It should be considered as such, as the decay from broken-down teeth is of a particularly virulent character, for it is connected with disease of the bone. This diseased bone being in the mouth is mixed with the food and swallowed every time the patient eats. If this pus matter and diseased bone were outside of the mouth one would never willingly or knowingly eat it, yet that is what happens when people neglect their teeth.

It has been found that eighty per cent of all children have decaying teeth. If a child has decayed teeth it cannot properly chew its food. Improperly chewed food and an unclean mouth cause bad digestion, and consequently poor general health.

Parents can greatly aid the children by encouraging them to follow the instruction given in school by the dental nurse, and by seeing that they are kept supplied with clean and serviceable tooth brushes.



Dr. Smedley's Golden Anniversary

By W. A. Brierley, D.D.S.

ON October 14th the Denver Dental Association gave a banquet to Dr. and Mrs. William Smedley and their family at the Savoy Hotel, in honor of the anniversary of Dr. Smedley's fifty years of practice in Denver. The dentists of Denver always take genuine pleasure in honoring Dr. Smedley, and on this occasion members of the Association and their wives, to the number of 150, were present. Appropriate addresses were made by Drs. W. T. Chambers, A. C. Watson, H. A. Fynn and E. R. Warner. Dr. Louis Adelman presided as toastmaster.

Dr. William Smedley was born in West Chester, Pa., in 1836.

In 1862 he crossed the continent, going over the "Oregon Trail" from Omaha to Salem, Oregon.

That journey, accomplished with ox teams, required five months' time and was over nearly the same route which now takes but two days with the modern express trains.

He taught school near Salem for one year, and returned to Pennsylvania by way of Portland, San Francisco, the Isthmus of Panama and New York.

It was not until after this overland trip that Dr. Smedley took up the subject of dentistry, graduating March 1st, 1866, from the Pennsylvania College of Dental Surgery. He went to Denver in 1870, where he has continued in practice for fifty years, seeing Denver grow from a town of 4,000 to a city of 256,000 inhabitants.

Dr. Smedley was a charter member and the first president of the Colorado State Dental Association. He was also the first president of the Denver Dental Association.

His dental activities have kept pace with the growth of Denver and the West.

He is associated in practice with two sons and a son-in-law.

A novel feature of the banquet was a stereopticon lecture on the life of Dr. Smedley, showing views of his birthplace and scenes of his early life in Pennsylvania and of early days in Denver.



If You Desire to Have the "Your Teeth" Series Run in Your Home Town Paper—

ORAL HYGIENE will run a series of fifty-two Lay Education stories, of about three hundred words, each year. That will make four or five stories each month.

These stories will be printed in proper form for immediate use in newspapers.

In every district where a dental society designates a certain newspaper—that paper will be given the privilege of printing these stories—one each week, free of charge.

This means that these stories may be had over the entire English-speaking world.

At the end of each year the collected stories will be published as a booklet which will be available for classroom work. In addition to printing these stories they will be very useful as a basis for popular lectures upon the health of the mouth.

Only *accepted* dental knowledge will be used. The language will be that of every-day use and the stories will be interesting. If you desire to have this series run in your "home town" paper notify ORAL HYGIENE and permission will be given exclusively to the paper that will agree to run the stories regularly.

Those newspapers that are upon this list will be furnished with special early copies of ORAL HYGIENE directly from the office of publication. The editor can simply clip the stories and publish one each week. There are three conditions attached to this permission:

1st: The stories must not be published in any town where the recognized dental society does not approve of this series.

2nd: Each story must be printed entire and without alteration.

3rd: These stories must not be used either in whole or in part as advertisements.—*Editorial, May Issue.*

Department of Lay Education

“Your Teeth”

By REA PROCTOR McGEE, M.D., D.D.S., PITTSBURGH, PA.

*Here are four of the stories, prepared for daily and weekly newspapers.
Others of these will be printed in future issues.*

The Tooth Brush Drill

THE size of the tooth brush, as well as its shape, is a matter of personal opinion. It would be reasonable to use a large brush for a large mouth, and a small brush for a small mouth. The bristles should be of medium stiffness and good quality. There must, of course, be a dentifrice: this may be any good tooth powder or paste, or merely clean soap. A good powder, however, is preferable to any other dentifrice. One of the main things is to brush the margins of the gums.

Silk floss for cleansing between the teeth is a splendid aid.

During the last eight years of school dental clinics in Cincinnati, the following tooth brush drill has been worked out and is used successfully to teach children how to clean their teeth:

Attention—hold brush up in right hand at the height of the shoulder, in front of child. (This is so as to be able to see that the brush is clean.)

Upper Teeth. 1. Place brush in mouth, upper right, where the gum and teeth join. Turn down towards grinding surface eight times.

2. Brush upper front. Place on gum and turn down eight times.

3. Brush upper left. Place brush on gum, turn down eight times.

4. Brush upper right inside. Place brush on gum and turn down eight times.

5. Brush upper front inside. Place brush vertically, brush down eight times.

6. Brush upper left side. Place brush on gum and turn down eight times.

7. Place brush on grinding surface of teeth, upper right, scrub forward and back eight times.

8. Place brush on grinding surface of teeth, upper left, scrub forward and back eight times.

Lower Teeth. 9. Place brush in mouth, lower right, where the gum and the teeth join. Turn up towards grinding surface eight times.

10. Brush lower front. Place on gum, turn up eight times.

11. Brush lower left. Place brush on gum, turn up eight times.

12. Brush lower right inside. Place brush on gum, brush up eight times.

13. Brush lower front inside. Place brush vertically, brush up eight times.

14. Brush lower left inside. Place brush on gum, turn up eight times.

15. Place brush on grinding surface of teeth, lower right, scrub forward and back eight times.

16. Place brush on grinding surface of teeth, lower left, scrub forward and back eight times.

Attention—hold brush up in right hand. (See how clean the brush is now.)

Last—see that each child's brush is thoroughly rinsed with fresh water and put away in a clean place.

Do It Now

IT is very encouraging to think that "it is never too late to mend," but when mending is postponed *too* long there is so much damage done that there is nothing left but the repair.

The best way to avoid damage is to take care in the first place. If a child is taught to take care of his baby teeth from infancy, those teeth will do their work and give comfort, health and beauty.

The teeth, the gums, the tongue and the cheeks of every child, should be brushed thoroughly twice each day.

Every child should have its own brush and a can of good tooth powder or a tube of tooth paste.

The brush must be kept very clean. When the teeth are to be washed, the brush should be wet in running water and the paste or powder placed on the brush.

Then the chewing surface of the teeth should be thoroughly brushed, both above and below.

Wet the brush again and brush thoroughly the lingual or tongue side of the teeth.

First, scrub them well with a circular movement, then place the brush at the gum margin on each tooth in turn and brush straight to the chewing surface, paying particular attention to cleansing the spaces between the teeth.

Repeat this on the labial, or outside, surface of the teeth, using plenty of water and dentifrice.

After these movements have been completed, brush the inside of the cheeks and lips, then the gums and finally the tongue.

Rinse the mouth with clean water or a mild mouthwash, then wash the tooth brush and hang it up to dry until it is time for the next "tooth bath."

Don't put two or more tooth brushes in one container.

Hang up every brush by itself so that it will not be touched by any other.

Medicated dentifrices should not be used by children. What they need is just thorough scrubbing of the teeth twice each day with clean water and a mild, pleasant tooth paste or powder.

Toothache

ONE of the most peculiar things about toothache is that in three out of four cases the tooth that seems to ache is innocent.

The teeth seem to act like a large family of children. When one of them raises Cain he blames it on the other.

So don't be surprised—when you go to the dentist and confidently tell him that the tooth upon which your finger is resting is one the that is causing the trouble—to have him make a few tests and tell you that it is another tooth, probably far distant from the one that you suspect.

There are so many different forms of toothache that each person probably has a different experience from anyone else. There are even times when it is very difficult really to say that the pain that is being suffered is a toothache, although almost everyone thinks that there would be no difficulty whatever in recognizing this particular form of pain.

In addition to pain directly about the teeth, an aching tooth can cause pain in the ear, or in the eye, or almost any form of headache, facial neuralgia or pains in the neck or arm—and there have been cases on record in which practically all pain of an aching tooth was felt in the sole of the foot.

The evil result of an aching tooth is not so much the pain inflicted on the patient at the time as it is the harm done to the general system by the absorption of pus from the infected root of the tooth.

It is quite true that not all aching teeth are abscessed, because the slightest exposure of the pulp will result in sharp pain.

But this exposure is bound to result in the death of the pulp, and so will have following in the train of this pain the certainty of infection, which means absorption.

There are other cases in which the pulp is not exposed, but, from some form of irritation—such as a tooth being bitten upon too hard, or being exposed unnaturally to extremes of heat and cold, or being ground down for crowns or bridges—the irritation will sometimes cause the pulp to die.

When the pulp dies it immediately begins decomposition.

This causes the formation of gas—which in turn makes very high pressure upon the nerve filaments that supply the pulp—and this pressure is carried back over the main branch of the fifth nerve where it may be relayed to many parts of the body, so that from the reflex pressure at the tip of the root of a tooth you can have pain in almost any part of the body.

This is in addition to the evils and the pains that result from the actual absorption either of pus or of pus products.

An aching tooth is not only uncomfortable, but it is also very dangerous.

Grandparents

TO get the best out of education and health, you should begin with your grandfather and grandmother. It is always a little difficult to go back and change the habits of the old folks, but you might start with your own grandchildren's grandparents: that is one set of ancestors that you can control. Why not begin right now?

Heredity is an important factor in the development of the body—every part of the body.

The tendency is for a perfectly healthy organism to reproduce a perfectly healthy organism. If you start out right, you have a good chance to travel along without much of a struggle for health. If your race has allowed itself to go to pieces, you will reap the punishment.

It is your duty so to care for yourself that your children and grandchildren will not have constitutional weaknesses that will make them susceptible to every infection that comes along.

If you allow your teeth to decay and allow the pulps to become exposed and die, you will start a line of systemic infection that is liable to undermine your health—not only *your* health but the health of those who should look

back to you with pride as the one who transmitted rugged health and keen mind.

Do you wish your descendants to apologize for you as the weak link in their chain of ancestry? If you do not take care of every element of your health that is just what they will have to do.

Your mouth and your teeth are very important elements in your health.

Many of the factors of health are beyond your control, but the mouth is so open to inspection and so responsive to treatment and care that at least ninety per cent of mouth diseases are somebody's fault.

Think of the future and take care of yourself.



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Correspondence

Dear Dr. McGee:

The enclosed photo of my son, Robert S. Philpots, aged four years, should be of interest to the readers of your interesting journal.

The little fellow has a clean mouth—as I have told you in the July issue of my publication *Little Talks on Oral Hygiene*—due to ending each meal with fruit in some form, especially the apple.

Yours faithfully,

G. E. PAYNE PHILPOTS, D.D.S.
"Barsham," Glenhuntly Road,
Caulfield, Victoria, Australia

Editor ORAL HYGIENE:

I like it better than any journal of its kind.

Yours very truly,

GEO. E. STODDARD,
M.D., D.D.S.

39 Duke St., Kingston,
Jamaica, B.W.I.

Editor ORAL HYGIENE:

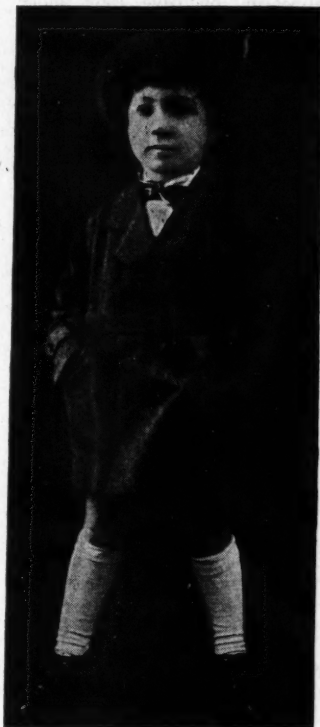
In reply to question number three in your editorial section of the last ORAL HYGIENE I could suggest that one might get all information necessary from the following address:

EDUCATIONAL MOTION PICTURE
BUREAU, INC.,
308 Boylston Street,
Boston, Mass.

These people are producers of edited motion pictures, and motion picture apparatus.

I trust this information may be truly useful.

Respectfully,
WILLIAM G. JEWETT, D.M.
Gardner, Mass.



Editor ORAL HYGIENE:

Answer to question No. 4, page 1563, October ORAL HYGIENE: write Prof. J. Brownell Rogers, Freeville, N. Y. He did have the material required.

Answer to No. 1: Dental Dept., Columbia University, New York City.

Yours truly,

G. E. HAWKINS, D.D.S.
4654 Sheridan Rd., Chicago, Ill.

Editor ORAL HYGIENE:

The writer, in running over the October issue of *ORAL HYGIENE* was attracted to an article appearing on page 1562 under the heading "Questions." The one that interested us especially was the subject of moving pictures under Question 3. The Dentinol and Pyorrhocide Company have been showing at moving picture houses throughout the United States for about twelve months a one thousand foot reel, entitled "A Mouthful of Wisdom." This is strictly an educational film and has met with very great success. Letters from dentists, who have seen this picture, endorse it highly.

Under sub-heading "B" would say that we hardly believe the picture would be of particular value to dental societies, for it was designed to educate the laity to the importance of clean teeth and healthy gums. Under sub-heading "C" would say that this film outside of the scenario and the original cost of production costs us about \$75.00 per print and at this time we have over forty prints showing throughout the United States. Under sub-heading "D" would say that while our prints are in active use, we try to keep one or two here, available for emergencies, and if at any time you have any requests for a film of this character we will be very glad to use our best efforts to take care of them.

There is no charge for this, the only condition that we make is that the same be returned to us charges prepaid and insured for its full value and that the same be operated by a licensed

operator and returned to us re-wound. Under sub-heading "E" permit us to say that Baumer Films, Inc., 6 West 48th St., New York City, specialize in work of this kind and from the class of work they did for us, we cannot recommend them too highly.

Under Question 4, we are prompted to say that the writer wrote the Educational Bureau of Pyorrhea Prevention, Freeville, New York, some time ago to place at your disposal their facilities. They supply a lecture on oral hygiene, illustrated with lantern slides, to those interested in educational work of this kind. This service is free and their lectures and slides are loaned, to be returned when finished with. We were under the impression that this matter had been laid before you by them and that a copy of their lecture had been sent you.

DENTINOL & PYORRHOCIDE Co.,
F. V. MILLER,
New York, N. Y.

Editor ORAL HYGIENE:

Enjoy your very valuable magazine.

Yes, this damage suit biz is getting serious all right and we ought to have every dentist assessed say \$5 to \$10 a year (perhaps not over \$5) to create a fund to fight these suits or to compensate the dentist who loses a suit and has to fork over.

Of course justice would have to be done and not have such a fund as an inducement for dentists to be careless.

—D.D.S.

BOARD OF EDUCATION

GEO. A. COURTENAY,
SEC.-TREAS.

WINDSOR, ONT.

Editor ORAL HYGIENE:

The June number of your magazine contains an article from W. E. Willmot, Director of Dental Service, Toronto. Dr. Willmot practically took the words out of my mouth as I was on the point of making a move along the same line.

Civic dentistry presents many problems that might be profitably discussed if a meeting of the dental officers could be arranged.

For your information, I might say that the Board of Education of Windsor and the Public School Board of Walkerville established a dental clinic in connection with their schools, in April 1919. It consists at the present time of one dentist, on full time, one operating room and one assistant. The school nurses, of whom there are four, spend part of their time in instructing pupils on the care of their mouths, tooth-brush drill, etc.

I would be pleased to furnish you with any further information, in connection with our work, at any time.

Yours truly,
C. E. BIEHN, D.D.S.
School Dental Officer.

Editor ORAL HYGIENE:

By the way, the October issue containing Mr. Lockman's little ditty is meeting with the approval of our local dentists and many of them in offices where there is more than one man and only one

magazine is being sent, have asked for extra copies. If you have a few more which you can spare, we will appreciate it as we want to drive the subject home.

Yours very truly,
LOYAL A. PARTRIDGE.
Seattle, Wash.

Editor ORAL HYGIENE:

I am very much interested in reading the ORAL HYGIENE and am glad that Dr. E. S. Talbot has written his views on "Status of Dentistry in 1920."

It is another step to something better and I predict that his questions, or those he refers to regarding what is the cause of tooth decay, will be answered sometime to the satisfaction of the majority of the dental profession. Dr. Talbot states what Dr. John S. Marshall asks: "What agencies are responsible for dental caries; is pyorrhea constitutional or a local disease, or is it a local manifestation of a constitutional disease, or are the constitutional symptoms due to local manifestation?"

I wish to say my concept on that is all dental disease is due to a constitutional derangement of function, primarily enervation, due to wrong living, and wrong living is the manifestation of ignorance. Right living is the manifestation of correct education which many will never experience. Some dentists may not agree with me on the subject, but it is only a matter of time when it will be universally accepted as truth. This explains why some are immune and others not.

It does not matter what we think,

It's what we are to do;
As nature rules and guides us,
And not me for you.

If I am not asking too much, will you please send me two copies of the ORAL HYGIENE of the November 1920 issue? I have a good place for them in the interest of our profession. Thanking you for the favor. I remain,

Yours truly,

E. B. GRIFFIN, D.D.S.
Alma, Nebr.

Editor ORAL HYGIENE:

I would greatly appreciate if you would be kind enough to send me your ORAL HYGIENE. I am a dentist from Holland where I received your magazine until about two or three years ago.

Now I am here as a post-graduate student of the University of Pennsylvania and would be much obliged if I could read your ORAL HYGIENE again.

I am especially interested in school dental work and oral hygiene propaganda. We want it in our country too and so I am eager for the answers to the questions on page 1562 of your October number.

What you wrote on page 1559 about the Netherlands is right, but not complete. The Green Cross is, indeed, attempting to carry on a similar work but simply as an inferior part of the aim to furnish all kinds of medical help in the households of people who want it.

An organization especially for this oral hygiene work is the

Vereeniging tot bestrijding van tandbederf, under the protection of our Queen-Mother Anna.

Most faithfully yours,
W. L. VAN ANDEL.

(Gouda, Holland.)
4015 Baltimore Ave.,
Philadelphia, Pa.

Editor ORAL HYGIENE:

I have enjoyed reading ORAL HYGIENE for several years and find it contains not only much food for thought, but considerable information, which may be used to good advantage in the health campaign.

Wishing you much success in your efforts,

Sincerely,

(MRS.) EDITH S. ROBERTS,
Dental Hygienist.

(Member of Class of 1917,
Rochester, N. Y.)

Warrensburg, Mo.

Editor ORAL HYGIENE:

I wish to offer the following information in answer to your questions in the September issue of the ORAL HYGIENE relative to dental hygienists:

1. Rochester Dental Dispensary, Rochester, N. Y. Forsyth Dental Infirmary, 140 The Fenway, Boston, Massachusetts. Colorado College of Dental Surgery, Dental Dispensary for Training Dental Hygienists, Denver, Colorado. Vanderbilt Clinic Dental Dispensary, Columbia University, New York City.

- (a) Tuition \$50.00 to \$80.00. Graduation \$5.00, text books \$10.00, instruments \$15.00, approximate expenses exclusive of living expenses.

- (b) All schools except the Vanderbilt Dental Clinic require for matriculation one year's high school work. Vanderbilt Dental Clinic requires graduation from a four years' high school course. All schools require matriculates to be at least 19 years of age.

2. New York State, Michigan, California, Maine, West Virginia, Colorado, Florida.

- (a) Limitation of hygienists' activities: prophylaxis only—not to extend beyond the free margin of the gum tissue.

New York State requires a license and annual registration.

Very sincerely yours,
M. J. TERRY, D.D.S.
Secretary.

work. Since then I have followed it every month myself, and it has seemed that I might use it for my work if we can have copies on the open shelves of our library.

It is my plan to use as much material as possible from the current dental publications by assignment and reference for reading, writing, and discussion. In this way the students will be obliged to become acquainted with their professional journals and will come to a realization of their value and merit.

If you approve of this suggestion, or request, it would please me greatly to have you begin with the October issue, in view of the Lockman article indicated in the September number.

Very truly yours,
ARTHUR C. B. BAUMANN,
Instructor.

Western Reserve University,
Cleveland, Ohio.

Editor ORAL HYGIENE:

In order to increase the practical application of the English course for Dental Freshmen in our University to their professional interests, and to stimulate the interest of the whole body of students in their professional journals, I am writing to these publications, as to you, to learn whether you may feel inclined to compliment our Dental School with 10-12 copies an issue of ORAL HYGIENE for library use? My attention was first directed to your publication by one of my students who used material from this source for some of his written

Editor ORAL HYGIENE:

Have just read your editorial "A Dental Diplomat" in the last ORAL HYGIENE. If *Collier's* had reference to Dr. Ben Jefferson, the present Minister to Nicaragua, they were correct in a way. Dr. Jefferson was not practising dentistry at the time of his appointment, but he graduated in dentistry and, I think, practised for a while; he then took up medicine and graduated and practised medicine out West; got into politics, and was elected to some state office; was appointed Minister to Nicaragua by the present administration.

He had two younger brothers to graduate in dentistry: Dr. Albert Jefferson, now practising in Columbus, Ga., and Hamilton Jefferson who died a few months ago, and who practised here for several years just across the hall from me.

If there is any further information I can give you and you wish it, please let me know.

Yours truly,

J. W. BRADLEY, D.D.S.
Tampa, Fla.

Editor ORAL HYGIENE:

Having just recently read a copy of your wonderful little magazine, would be pleased to

have my name on your subscription list; couldn't find your subscription rates, so just send me the bill with my first copy and oblige.

Yours truly,

E. B. RAMSEY, D.D.S.
710 Hillsdale St.,
Helena, Mont.

Editor ORAL HYGIENE:

I ask you to please change my address as I cannot afford to lose a single copy of ORAL HYGIENE, which is, to me, an intellectual giant. Respectfully,

FRANK E. NEELY, D.D.S.
919 15th St., N. W.,
Washington, D. C.

“Toothless Flirtations”

BY PAUL G. WHITE, LT. COMDR. (M.C.D.S.) U. S. N.
HAMPTON ROADS, VA.

At a table in a hotel

A youth and maiden sat,
They didn't know each other

But—what of that?

The maiden smiled so sweetly

And at the youth did stare,

But when he opened up his mouth

Oh my—what she saw there!

A snaggle tooth and inflamed
gums

And a breath she could not bear;
So, with a “Please excuse me
sir,”

She quickly left her chair.

Moral

So boys—if you would win a girl

And not share this boy's fate,

Use your toothbrush night and
morn,

Before it is too late!

That's the Question

Dear Doctor McGee: Will you tell me
Something I'd fain know;
If Mother'd had her teeth all out
Ere I, in embryo,
Had gotten mixed up with this sphere of trouble,
pain and woe,
Would I be suffering now from gout, or rheuma-
tism bad,
Might I not still in hard luck run,
By taking after Dad?

J. F. McINERNEY,
1763 Amherst St.,
Buffalo, New York.

This is the Answer

McInerney, of Buffalo,
I'll tell you what you wish to know.
Whether your Mother had teeth or not,
Doesn't affect the pain you've got.

Those who remember your early youth
Tell us you came without a tooth.
If taking after poor old Dad
Is what has put you in so bad,
Your Daddy must have traveled some
To put his follower "on the bum!"
Eating rich food and staying out
Gave you the gout you "holler" about.

If you would live a life serene
Come to Pittsburgh 'n try to keep clean!
Editor ORAL HYGIENE.

EDITORIAL

REA PROCTOR McGEE, M.D., D.D.S., *Editor*

613 Jenkins Bldg., Pittsburgh, Pa.

ORAL HYGIENE does not publish Society Announcements, Personals or Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine.

1921

ORAL HYGIENE enters upon its eleventh year of usefulness.

The most wonderful, the most sorrowful, the most tragic, the happiest decade the world has ever seen.

Just think what we have lived through, what it has been our privilege to see and know and experience!

As we look forward into the next ten years are there any among us who would dare to prophesy what will come to pass?

We can only do our bit and hope for the best. Just as we are now further toward our ideals than we were ten years ago, so we will be even yet nearer at the end of the next ten.

One-fifth of the twentieth century has already passed and there are now living people who will see the dawn of the year 2000.

It is hardly believable that the present rate of progress can continue. If it does continue, how crude we will seem to those who are now babies when they look back to the year 1921.

One thing the ultra-advanced people of the twenty-first century will have to give us credit for though is the development of the oral hygiene movement in the second decade of the twentieth century.

The names of Ebersole, Hunt, Belcher, Eastman, Forsyth will surely be known to the dental profession of the future when the rest of us are forgotten.

The time for our efforts is now. In the ten years that are just ahead, let us all do our part as we see it—let us carry on to the best of our ability to the end that the people may relize the importance of healthful mouths and that we may do our part toward the maintenance of the health of the people.

There is no greater asset than health. All other things fade into insignificance when health is in question and we hold one of the keys.

ORAL HYGIENE has one object only — one reason for existence—and that is to be useful to dentistry and through dentistry to do good for the world at large.

Riding Hobbies

IF a pet idea becomes a fad and a fad is a hobby, then there must be a number of horsemen in the dental profession.

Some inventor in St. Louis has invented a dental chair that looks like a hobby horse.

It is intended of course for children, and the big idea is that the child will either be so interested in the horse that he won't object to dental treatment, or else that the dentist can blame it all on the equine chair.

The next idea should be an airplane body for nitrous-oxide-oxygen and a submarine for root canal treatments.

Anonymous

SEVERAL very good letters and papers have come in without the author's name attached.

The editor regrets that he cannot use manuscripts that are unsigned.

Don't be ashamed of your effort. Add your name and send it along.

Help! Help!! Help!!!

A chiropractic breaks loose with this:

"My dear Doctor:

In poisonous dentistry, quicksilver heads the list with about 300 symptoms. Amalgam fillings contain about 40 per cent of quicksilver combined with tin, silver, copper, zinc, etc., etc., increasing their galvanic and poisonous effects added to its own.

Many dentists are afraid to handle amalgam as they used to do (mix it in the hollow of the hand) but use one of the various mixers in use and then place in the mouths of their best friends who furnish them with shelter, food, raiment, etc. etc., a poisonous combination of base metals capable of causing their unsuspecting victims to literally rot alive and have the disgrace of having died of syphilis. Pseudotherapy, pseudosurgery and poisonous dentistry are crippling the world; who will come to the rescue?"

Now you know what an advanced thinker thinks when he thinks of *you*. The only trouble is that he was not sufficiently educated before he began to think and his thinktank boiled dry at the first effort.

Introducing ORAL HYGIENE's New Contributing Editor, Dr. Brierley

WE introduce our new contributing editor, Dr. William A. Brierley, of Denver.

It is with the greatest pleasure that I say to you: Here is my old friend Dr. W. A. Brierley, who will conduct the Department of Pediodontia.

Pediodontia is Oral Pediatrics—the science of the mouths of children.

What could be more fitting for ORAL HYGIENE than a department devoted to this very foundation of our work?

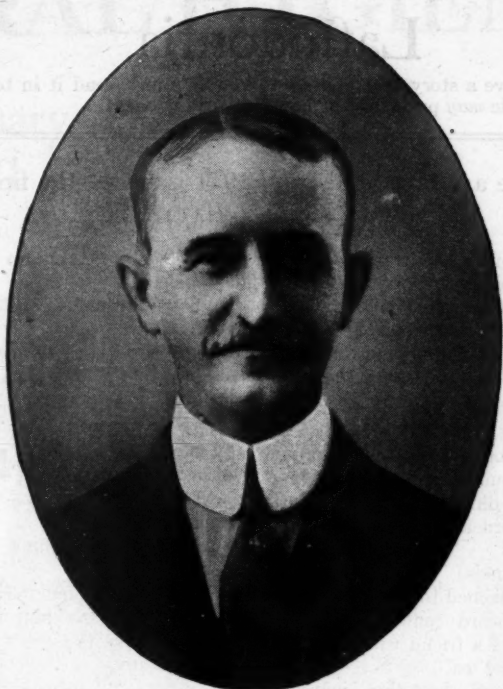
Brierley knows more about oral hygiene than the editor of this magazine ever heard of. Dr. Brierley was one of the first workers in the oral hygiene movement and he has always kept step with the best of them.

It seems superfluous for me to tell you all of the things he has done but you don't know him as I do—yet—and to show you what his training has been, here is a partial list:

Graduated from the Colorado College of Dental Surgery in 1898; ex-president of the Denver Dental Association and ex-president of the Colorado State Dental Association; actively identified with Oral Hygiene committees in both named associations. Practised in Denver until 1917, when he accepted the position of Chief Dental Surgeon for the Colorado Fuel and Iron Co., with headquarters at the Minnequa Hospital at Pueblo, Colo.; remained in that position for three years, during which time a system of dental service was installed which provides for free dentistry for about ten thousand of the children of that company's employees, about one-half of whom live in Pueblo, where the steel mills are located, the remainder being in twenty-seven small towns or "camps" in Colorado and Wyoming, where the coal and iron mines and quarries are located.

After organizing and successfully operating this great clinic for three years, Dr. Brierley felt that he could do more for the progress of Pediodontia by returning to

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private practice where his skill and interest could be devoted to the individual, rather than to spend so much time in administrative work.

He is now in the active practice of Pediodontia in Denver and, incidentally, lectures upon Institutional Dentistry in the Colorado College of Dental Surgery.

Dr. Brierl y has been a great factor in the development of the dental hygienist.

ORAL HYGIENE feels that the magazine and its readers are very fortunate in securing the co operation of a man who knows institutional dentistry from the *inside*—who is a real specialist in Pediodontia—who is an experienced writer—and who has had so much influence in developing the dental hygienist.

Every month this department will discuss the very best ideas for the handling of the mouths of children.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back!

These are reprinted from 1911 issues — the first volume of ORAL HYGIENE

"'Ow much, mister?" "Half a crown, please." "Wot! Why, it didn't tike yer half a minute. The last bloke I went to pulled me all around the room for a quarter of an hour, and then only charged me a shillin'."

Mrs. Boorman Wells, the noted English suffragette, was describing at a dinner in New York a very disorderly suffragette meeting.

"The noise," she said, "can only be likened to a hubbub that I once heard coming from the nursery of a friend with whom I was taking tea.

"Terrified by this infernal turmoil, my friend and I burst into the nursery breathlessly. The children, in a close group by the window, the baby in the middle, looked up calmly.

"What on earth are you doing?" the mother demanded.

"We've found poor grandma's teeth," said the oldest boy, "and we're filing them down and fitting them on baby."

"Why was there such an uproarious outburst of merriment when that last speaker began his remarks? I didn't see anything in what he said."

"But you didn't understand. Gazing out at his hearers, he said,

'I am glad to look into your faces again.'

"What was there funny about that?"

"The gentleman has been a leading dentist in this town for a great many years."

"I guess paw must have passed a lot of time at the dentist's when he was in New York," said Johnny Green.

"Why do you think so?" queried his ma.

"'Cause I heard him tell a man today that it cost him nearly \$800 to get his eye teeth cut," replied Johnny.

Mack—When were you married?

Dyer—Just about six cheek books ago.

First Boy—"Your father must be an awfully mean man. Him a shoemaker and making you wear those old boots."

Second Boy—"He's nothing to your father. Him a dentist and your baby's got only one tooth."

Carpenter—"Didn't I tell you to notice when the glue boiled over?"

Assistant—"I did. It was a quarter past ten."